

GRANT REPORTING FORMS and INSTRUCTIONS

FINAL REPORT NARRATIVE

The final report is due to the Council office within four (4) weeks after the end of the project or if this is not feasible, arrangements must be made with the Council office to determine a new deadline. The final grant payment will be made upon receipt of a final report that meets all grant requirements. The final report should be in a format that will allow for easy dissemination to a wide variety of agencies and individuals and at a minimum provide the following information:

1. Provide detailed information on how the goals and objectives were met. Be specific in identifying outcomes and describing activities conducted to meet the goals and objectives as outlined in the grant application and any subsequent revisions approved for the project.
2. Describe the facilities, equipment and the staff used by the project.
3. Provide the number of individuals with developmental disabilities who were served. Include the type of disabilities, the services provided and how the project benefited the individuals.
4. Provide the number of contacts with other individuals and agencies (such as: parents, family members, generic service providers, etc.). For presentations include the title/topic, number of presentation made, and the number of people attending.
5. Describe how the project has coordinated efforts with other services in the area.
6. Explain any major problems that occurred and how you solved them.
7. Provide evaluation data collected, the procedure for data collection, and any data analysis conducted. The evaluation process should determine whether the documented project outcomes met the goals and objectives provided in the grant application. The evaluation should describe more than whether or not the promised service was provided or how much it cost, but should also indicate as precisely as possible how people were affected.
8. Provide a detailed budget summary for the project. This summary should provide an explanation of what expenditures were included for each category on the budget report. Include the type of match utilized (cash or in-kind) and the source of the match. Indicate how program income was earned and itemize its expenditure.
9. Attach copies of products developed during the project that may not have been provided with a monthly report.
10. Provide recommendations for replication of this project.
11. Provide information on how the project will continue without Council funding.

This grant reporting form is available as a Word document by contacting the Council Office at 605-773-6369 or by email at arlene.poncelet@state.sd.us

**SOUTH DAKOTA COUNCIL
ON DEVELOPMENTAL DISABILITIES**

PROJECT REPORT - FINAL

Grantee Organization _____

Address _____

Project Title _____

Grant Number DD- _____ Total Project Budget _____ Federal Funds Remaining _____

Project Began _____ Project Ends _____

PROJECT SUMMARY: Provide a summary of the entire project. This section must be completed. *Please note that completion of this section is a requirement for receipt of the final grant payment.*

Project Director's Signature _____

Date _____

BUDGET REPORT

Approved Budget: Total itemized budget costs as approved in the grant proposal and any approved amendments.

Total Grant Expenditures: Total of all actual grant expenditures - federal, match and total.

Grant Expenditures	Approved Budget		Total Grant Expenditures		
	Federal	Match	Federal	Match	TOTAL
Personnel					
Travel					
Contractual Services					
Operating Expenses					
Equipment					
Other					
TOTAL					

PROGRAM INCOME EARNED/EXPENDED (DO NOT INCLUDE GRANT AWARD PAYMENTS.)

Provide monthly reporting dates and the amount of income earned/expended.

	Earned	Expended
Report #1 (to)		
Report #2 (to)		
Report #3 (to)		
Report #4 (to)		
Report #5 (to)		
Report #6 (to)		
Report #7 (to)		
Report #8 (to)		
Report #9 (to)		
Report #10 (to)		
Report #11 (to)		
Report #12 (to)		
TOTAL		